

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754286

1. Entity Name

SALEM HOUSE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90028 003 \*\*\*\*70.00

Principal Place of Business

Mailing Address

251-172ND STREET  
MIAMI BEACH FL 33160

251-172ND STREET  
MIAMI BEACH FL 33160-3437

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2190433

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANCES SALUTO  
251 172ND ST.  
MIAMI BCH. FL 33160

Name

JOSEPH PEREZ

Street Address (P.O. Box Number is Not Acceptable)

251-172 ST

City

MIAMI BEACH, FL

Zip Code

33160

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Joseph Perez*  
Signature, typed or printed name of registered agent and title if applicable.

TREASURER

4/18/2000

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check-Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME SALUTO, FRANCES "FANNY"  
STREET ADDRESS 251 - 172ND ST. #125  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME KRASNICK, ARTHOR  
STREET ADDRESS 950 NW 199 ST.  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME PEREZ, JOSEPH  
STREET ADDRESS 251 172ND ST #109  
CITY-ST-ZIP MIAMI, FL 00000

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME CAPOTE, DELIA  
STREET ADDRESS 253-172 OT #203  
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SCHNEIDER, LARRY  
STREET ADDRESS 251-172ST #206  
CITY-ST-ZIP N MIAMI BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME FRANK GUARINO  
STREET ADDRESS 650 GOLDEN BEACH DR  
CITY-ST-ZIP GOLDEN BEACH FL 33160

TITLE P ☐ Change ☒ Addition  
NAME MICHAEL VINCENT  
STREET ADDRESS 251-172 ST APT 327  
CITY-ST-ZIP SUNNY ISLE FL 33160

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Delia Capote*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2000 305-947-6063  
Date Daytime Phone #

CR2E037 (9/99)